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Bib Data Sheet

CONFIRMATION NO. 7132

SERIAL NUMBER 09/848,909	FILING DATE 05/04/2001 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 00742/060002
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/201,800 05/04/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 22	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

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TITLE

Compounds and methods for the treatment and prevention of bacterial infection

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 2048		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)